TN Department of Mental Health & Substance Abuse Services

Office of Licensure

Regional Offices

East Tennessee: Phone – (865) 594-6551 Fax – (844) 340-4482
Middle Tennessee: Phone - (615) 532-6590 Fax – (615) 532-7856
West Tennessee: Phone – (901) 543-7442 Fax – (844) 844-5538

REPORTABLE INCIDENT FORM

For use by TDMHSAS Licensed Facilities/Services

***** PLEASE SEE PAGE 3 FOR INSTRUCTIONS ON COMPLETING THE REPORTABLE INCIDENT FORM *****

Date of This Report: 5/28/2018 Reporting Person: Cheryl Forrester

Licensee: Milestones Title: Client Advocate

Facility Phone Number: 615-789-6609 Phone Number: CA [redacted]

Email Address: [redacted]

Service Recipient: Anne Miller Gender: F D.O.B.: 2/19/1980 S.S. #: N/A

Service Recipient: _____ Gender: ____ D.O.B.: _____ S.S. #: _____

Service Recipient: _____ Gender: ____ D.O.B.: _____ S.S. #: _____

Date/Time of Alleged/Suspected Incident: 5/28/2018 - 1:55 PM

Location of Alleged/Suspected Incident: Front yard of Milestones

Date/Time Incident Become Known to Staff: 5/28/2018 - 1:56 PM

Staff Involved in Incident, if any: none

(Staff S.S. #): n/A

Please contact Diana Nolen [redacted] with questions.

Detailed Description of Incident (If typing on this form, verify you are making it printer friendly – attach separate sheet if necessary): _____

Client was accidentally hit in the mouth with a plastic bat. Client was transported to Dickson ER with

MH-5375 RDA-2827

Nurse Marcia and Client Advocate Supervisor Caren Marvien. Client was examined and transferred to Skyline Medical Center.

Notifications by Licensee Already:

- ☐ Adult Protective Services (APS) Name: _____ Date: _____
- ☐ Child Protective Services (CPS) Name: _____ Date: _____
- ☐ Department of Health (DOH) Name: _____ Date: _____
- ☐ OTHER Agency: _____ Name: _____ Date: _____

***** PLEASE SEE NEXT FEW PAGES ON INSTRUCTIONS FOR COMPLETING THE REPORTABLE INCIDENT FORM *****